



Abdominal Vascular Surgery

How to prepare and what to expect

This handout describes how to prepare for abdominal vascular surgery and what to expect afterward.

About this Surgery

The *aorta* is the large artery (blood vessel) that carries blood from your heart to other parts of your body. Your aorta and many smaller blood vessels bring blood to the organs in your abdomen area (belly). These organs are your kidneys, liver, spleen, stomach, and bowel (intestines).

If any of the blood vessels in this area become blocked, surgery may be needed to repair them. This surgery is called *abdominal vascular surgery*. “Vascular” is a medical term that refers to vessels.

How to Prepare

- **Aspirin and other medicines:** Do **not** take aspirin or other products that affect blood clotting for 1 week before your operation. Some of these are Coumadin (Plavix), ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn). See the attached sheet for more information and talk with your surgeon about these medicines during your visit before surgery.
- **Shaving:** Do **not** shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do **not** shave that area for 2 days (48 hours) before your surgery.
- **Hospital stay:** You will stay in the hospital for 5 to 7 days after your operation. When you go home, you may need someone to help you prepare meals and do other household chores for 1 to 2 weeks.
- **Coughing and deep breathing:** Your nurse will teach you coughing and deep-breathing exercises. You will do these important exercises after surgery to help prevent pneumonia.

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24 Hours Before Your Operation

- **Take 2 showers:** Take 1 shower the night before and a second shower the morning of your operation. Use the antibacterial soap your nurse gave you to wash your body.
- Do **not** use the antibacterial soap on your face and hair. (See directions that came with the soap.) Use your own soap and shampoo on your face and hair. Use clean towels to dry off, and put on clean clothing.
- **Arrival time:** The Pre-Anesthesia Clinic nurse will call you the day before your operation. If your surgery is on a Monday, the nurse will call you the Friday before. If you do not hear from the Pre-Anesthesia nurse by 5 p.m., please call 206-598-6334.

The nurse will tell you when to come to the hospital and will remind you:

- Not to eat or drink after a certain time
- Which of your regular medicines to take or not take
- To sip only enough water to swallow your pills
- **If you take medicine for diabetes:** Please talk with your surgeon. You may need to take a smaller dose or not take some medicine before surgery.
- **Heating blanket:** To reduce your risk of infection, you will be covered with a heating blanket to warm your body while you wait to go into surgery. Ask for a heating blanket if you do not receive one.

What to Expect After Your Operation

When You Wake Up After Surgery

You will wake up in the Recovery Room or the Intensive Care Unit. You will feel sleepy.

You will have:

- An **IV** (flexible tube) that goes into a vein in your arm. It will be used to give you medicine for pain and nausea.
- A **nasogastric (NG) tube** inserted through your nose and into your stomach. This tube will drain air and fluid out of your stomach until your body can digest again.
- **Drains** (tubes) at your incision site to drain blood and other fluids that build up after surgery. These will be removed as drainage lessens.

- **Sequential compression devices (SCDs)** on your legs. These are inflatable stockings that help with blood flow. They help keep blood clots from forming.

You may also have:

- An **epidural catheter** in your back to give you pain medicine. Your anesthesiologist will decide if this will help you. If you have one, it will be inserted before your operation.
- A **catheter tube** inserted into your bladder to drain your urine (see page 4).

Your nurses will check on you often. They will monitor your:

- Blood pressure
- Heart rate
- Breathing
- Pulses in your feet

Recovering in Your Hospital Room

Incision

Before surgery, your doctor will talk with you about what type of incision you will have. It will be either:

- *Vertical* (down the middle of your abdomen)
- *Transverse* (across your abdomen)

Your incision will be closed with surgical staples.

Pain Management

You may have a pain-medicine pump called a PCA (patient-controlled analgesia) for 1 to 4 days after your operation. This allows you to get pain medicine when you need it. The anesthesiologist may talk with you about having an epidural catheter to control pain after your operation.

Nutrition

You will not be allowed to eat anything by mouth on the day of your operation. You will receive fluids through your IV so that you do not get dehydrated.

As your intestines recover from your operation, you will pass gas. After this happens, you will be able to take clear liquids by mouth. When you can drink clear liquids and not feel nauseous, your doctor will add regular foods back into your diet.

Activity

Every day you will become more active. Moving around is very important to prevent pneumonia in your lungs and blood clots in your legs.

Your nurse will help you sit on the edge of your bed on the day of your operation. The day after your operation, you will get up and sit in a chair. You will also begin to walk. Two days after your surgery, you will walk in the hall. As your strength returns, you will be urged to do more.

Bowels

It will be several days after your operation before you have a bowel movement. This is normal. You will receive medicine to help prevent constipation. We do not want you to strain to have a bowel movement.

Bladder Catheter

You may have a catheter in your bladder for 1 to 5 days after surgery. It will be removed when you can get up and use the bathroom.

Swelling

Leg swelling for a while after surgery is normal. To help lessen the swelling, raise your legs above the level of your chest when you are sitting or lying down. Your doctor may prescribe special stockings or elastic bandages to reduce swelling.

Going Home: Precautions and Self-care

Shower

- You may shower daily.
- Do **not** take a bath, soak in a hot tub, or go swimming until your incision is fully healed.

Bowels

- Avoid constipation. Please refer to the handout “Constipation After Your Operation.”
- If you have watery diarrhea, nausea, or vomiting, call your nurse (206-598-4549).

Incision Care

- You will need to check your incision every day. **Call your doctor if you have any signs of infection** listed on page 6 this handout.
- As your incision heals, there will be a thick ridge over it. This will soften and flatten out for several months.

Pain Management

Use the pain medicine your doctor prescribed for you. It is important to take it before your pain is severe.

Activity

- Do **not** lift anything heavier than 5 to 10 pounds for 6 weeks after your operation. Not putting stress on your abdomen will improve healing.
- Walking every day will help speed your recovery. Slowly increase how far you walk.
- For the first 6 weeks you are home, avoid gardening, vacuuming, and any activity that increases your heart rate. In general, activities that do not cause pain are safe. After 6 weeks, slowly add these and other activities back into your routine.
- You may resume sexual activity when it is comfortable and desirable. Some men may have difficulty with erections during their recovery period or longer. If you have any questions about sexual function, talk with your doctor.

Nutrition

As you heal, it is important to eat enough protein and vitamins A and C. Ask to speak with a dietitian to learn more.

Driving

Do **not** drive until your doctor says it is safe to. You may not be able to respond quickly as you recover from your surgery. This is especially true if you are taking narcotic pain medicine.

First Follow-up Visit

At your first clinic visit after your operation, your nurse and doctor will talk with you about how you are doing at home. They will want to know how your appetite is and how your bowels are working. You will be weighed.

Your doctor will check your incision. If the surgical staples are still in place, they will be removed.

Your doctor and nurse will ask about your pain and what pain medicine you are taking. They will also ask you what activities you are doing and when you plan to return to work.

Steri-Strips

Small pieces of tape called Steri-Strips may be placed along your incision when the staples are removed. Steri-Strips help your incision

Questions?

Weekdays from 8 a.m. to 4 p.m., call the Surgical Specialties Nurse Advice Line at 206-598-4549.

After hours and on weekends and holidays, call 206-598-6190 and ask for the resident on call for Vascular Surgery to be paged.

Or, ask for your surgeon to be paged:

Dr. _____

stay closed. They usually begin to peel away after 5 to 7 days. You can pull them off when this happens.

You can shower with Steri-Strips in place. Avoid lotions or creams on your incision right after surgery unless your doctor says it is OK to use them.

Return to Work

How much time you take off work depends on what you do for a living. Most people take from 1 to 2 weeks to a few months off to recover. As you feel able, you may return to work. Some patients start off with shorter days and then increase their hours as their energy improves.

Call the Nurse Advice Line or Your Doctor If You Have:

- Abdominal pain
- Bleeding or drainage that soaks your dressing
- Fever higher than 100°F (38°C)
- Shaking or chills
- Any sign of infection in your incision:
 - Redness
 - Increased pain
 - Swelling
 - Foul-smelling drainage
 - Increase in the amount of drainage from your incision
- Nausea, vomiting, or both
- A change in the color or temperature of your legs
- New leg pain that you did not have before surgery
- Concerns that cannot wait until your follow-up visit

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